

# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

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### Incident Information

URN: 9 1 1 - 0 2 3 2 7 - 0 4 5 1 - 0 5 7		Date: 2/15/11	Time: 1024 Hours
Location:	8640 Florence Avenue		City or Station: Downey
Bureau/Station/Facility:	FOR III / Norwalk Station		Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Type of Force:	Significant / Takedown / Personal Weapons / Control Holds		
Deputy Injury: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<input type="checkbox"/> Call	<input checked="" type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input checked="" type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Person Notified: Lt. Ault	Emp: [REDACTED]	IAB Roll Out: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

### Involved Employee

<b>E1</b>	Employee # [REDACTED]	Last Name: McMorrow	First Name: Michael	Middle Name:
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Norwalk Station	Work Assignment (Unit #, Module, etc.): 45T1
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 6' 01" Weight: 215
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____			Coroner Case # _____ Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>
<b>E2</b>	Employee # [REDACTED]	Last Name: Ruiz	First Name: Alejandro	Middle Name:
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Norwalk Station	Work Assignment (Unit #, Module, etc.): 43K3
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5' 10" Weight: 170
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____			Coroner Case # _____ Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
<b>E3</b>	Employee # [REDACTED]	Last Name: Lavan	First Name: Ricardo	Middle Name:
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: Norwalk Station	Work Assignment (Unit #, Module, etc.): 43K1
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: [REDACTED]	Height: 5' 08" Weight: 215
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____			Coroner Case # _____ Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

### Additional Involved Employees

### On Duty Supervisor

Emp. # [REDACTED]	Last Name: Johnson	First Name: Chris	Middle Name: L	Rank: Sgt	Present: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Witness to Incident: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. # [REDACTED]	Last Name: [REDACTED]	First Name: [REDACTED]	Middle Name: [REDACTED]	Rank: [REDACTED]	Present: YES <input type="checkbox"/> NO <input type="checkbox"/>	Witness to Incident: YES <input type="checkbox"/> NO <input type="checkbox"/>

### Watch Sergeant

Emp. # [REDACTED]	Last Name: Dusky	First Name: Jeffery	Middle Name: [REDACTED]
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### Watch Commander

Emp. # [REDACTED]	Last Name: Evans	First Name: Bill	Middle Name: [REDACTED]
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Lieutenant Bill Evans	<i>[Signature]</i>	[REDACTED]	02-19-11
Watch Commander (Print Name)	Watch Commander's Signature:	Emp #:	Date
Sergeant Chris Johnson	<i>[Signature]</i>	[REDACTED]	[REDACTED]
Supervisor Completing Form: (Print Name)	Emp #:	Copy Provided to Employee by:	Emp #:
Captain Patrick E. Maxwell	[REDACTED]	[REDACTED]	[REDACTED]
Unit Commander (Print Name)	Unit Commander's Signature:	Emp #:	Date
[REDACTED]	<i>[Signature]</i>	[REDACTED]	8/24-11

DISCOVERY Use Only
FO# 2296226 9/10/2011

CONTENTS  
NOTED  
LT.  
J. SCROGGIN

CONTENTS  
NOTED  
M. BROTHANS

Original: Discovery Unit  
Copy: Unit Commander SH-R-438P (Rev. 12/07)

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

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Involved Employee										
<b>E 4</b>	Employee #		Last Name			First Name		Middle Name		
			Polanco			Jessie				
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: H	Unit of Assignment: Norwalk Station			Work Assignment (Unit #, Module, etc.): 45K1			
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 5' 11"	Weight: 205		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
<b>E 5</b>	Employee #		Last Name			First Name		Middle Name		
			Herrarte			Maria				
	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race: H	Unit of Assignment: Pico Rivera Station			Work Assignment (Unit #, Module, etc.): 152			
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 5' 03"	Weight: 155		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		
<b>E 6</b>	Employee #		Last Name			First Name		Middle Name		
			Ramirez			Gabriel				
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: H	Unit of Assignment: Pico Rivera Station			Work Assignment (Unit #, Module, etc.): 151A			
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: [REDACTED]	Height: 6' 01"	Weight: 225		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		
<b>E</b>	Employee #		Last Name			First Name		Middle Name		
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:			Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age:	Height:	Weight:		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		
<b>E</b>	Employee #		Last Name			First Name		Middle Name		
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:			Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age:	Height:	Weight:		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		

# Supervisor's Report on Use of Force SUSPECT INFORMATION

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S 1

Suspect Information											
Last Name		Amos		First Name		Eric		Middle Name		Lashawn	
AKA Last Name				First Name				Middle Name			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: B	Street Address:			City:		State & Zip Code:			
Work Phone: None		Home Phone: None		Age: 20	Height: 5' 06"	D.O.B. 08/24/91		Weight: 165	Armed? <input type="checkbox"/>		
Booking #: 2644663		Primary Charge Code: 245(c) PC		Secondary Charge Code: 2802.2(a) CVC		Criminal History <input checked="" type="checkbox"/>					
EMT in attendance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Name: Downey City Fire			Unit: 63		Phone #:				
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At: Coast Plaza Hospital			Coroner Case #:		Mental History <input type="checkbox"/>				
By Doctor: Mahmoud Nemazee		Address: 13100 Studebaker Road, Norwalk, CA 90650			Phone #:						
Under Influence: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Substance:			Mental Illness <input type="checkbox"/>						

## Suspect Interview

Date: 02/15/11	Time: 1422 Hours	Audiotape: <input type="checkbox"/>	Videotape: <input checked="" type="checkbox"/>	Photos of Injuries: <input type="checkbox"/>
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S

Suspect Information											
Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:			
Work Phone:		Home Phone:		Age:	Height:	D.O.B.		Weight:	Armed? <input type="checkbox"/>		
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>					
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name:			Unit:		Phone #:				
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:			Coroner Case #:		Mental History <input type="checkbox"/>				
By Doctor:		Address:			Phone #:						
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:			Mental Illness: <input type="checkbox"/>						

## Suspect Interview

Date:	Time:	Audiotape: <input type="checkbox"/>	Videotape: <input type="checkbox"/>	Photos of Injuries: <input type="checkbox"/>
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S

Suspect Information											
Last Name				First Name				Middle Name			
AKA Last Name				First Name				Middle Name			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Street Address:			City:		State & Zip Code:			
Work Phone:		Home Phone:		Age:	Height:	D.O.B.		Weight:	Armed? <input type="checkbox"/>		
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>					
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name:			Unit:		Phone #:				
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:			Coroner Case #:		Mental History <input type="checkbox"/>				
By Doctor:		Address:			Phone #:						
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:			Mental Illness <input type="checkbox"/>						

## Suspect Interview

Date:	Time:	Audiotape: <input type="checkbox"/>	Videotape: <input type="checkbox"/>	Photos of Injuries: <input type="checkbox"/>
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# Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses									
Emp. #	Last Name	First Name	Middle Name						
	Lopez	Mark							
Emp. #	Last Name	First Name	Middle Name						
Emp. #	Last Name	First Name	Middle Name						
Emp. #	Last Name	First Name	Middle Name						
Emp. #	Last Name	First Name	Middle Name						
Emp. #	Last Name	First Name	Middle Name						

  

Non-Employee Witnesses									
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address			City		Zip Code	Work Ph.	Home Ph.		
							N/A		
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address			City		Zip Code	Work Ph.	Home Ph.		
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address			City		Zip Code	Work Ph.	Home Ph.		
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address			City		Zip Code	Work Ph.	Home Ph.		
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address			City		Zip Code	Work Ph.	Home Ph.		
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address			City		Zip Code	Work Ph.	Home Ph.		
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address			City		Zip Code	Work Ph.	Home Ph.		
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address			City		Zip Code	Work Ph.	Home Ph.		
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address			City		Zip Code	Work Ph.	Home Ph.		
Last Name		First Name		Middle Name		Age		D.O.B.	
Street Address			City		Zip Code	Work Ph.	Home Ph.		

☐ Additional Witness

## Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

## Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

**Body Part Injured**

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]

## Supervisor's Report on Use of Force 911-02327-0451-057

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### Force Applied

### Significant / Takedown / Personal Weapons / Control Holds

### Incident Details

Sheriff's Air 35 was following a vehicle they believed was recently stolen out of South Los Angeles Sheriff's Station area (LoJack hit) and asked for Norwalk units to assist by verifying the plate on the car. Norwalk units 43K1, (Deputy Lavan), 45T1 (Deputy McMorrow), 45K1 (Deputy Polanco), and unit 43K3 (Deputy Ruiz) located the car as it was on the northbound 605 Freeway and verified that it was the stolen vehicle. The suspect exited the freeway at Florence Avenue in the city of Downey and drove westbound. As soon as sufficient units were present, the deputies attempted a traffic stop. The suspect fled from the deputies as they passed under the 605 Freeway. He continued west on Florence Avenue until he reached speeds of approximately 80 MPH at which time the pursuit was cancelled. Almost immediately thereafter, the suspect lost control at the intersection of Florence Avenue and Lakewood Boulevard. He crossed the intersection, ran over a concrete center median on the west side of the intersection, sideswiped a Mercedes waiting to turn north on Lakewood Boulevard from eastbound Florence Avenue, and crashed into a curb a little further west of the intersection on the south side of the street. When the deputies got out to detain him at gunpoint, he put the car in reverse and backed toward the deputies, striking their radio cars. He got out of his car and attacked Deputy McMorrow who was attempting to hold the suspect at gunpoint. Deputies struck the suspect several times with punches and kicks and took him down to the ground using control holds where he continued to resist. He was ultimately handcuffed.

After handcuffing the suspect, Norwalk deputies asked Pico Rivera Deputies Lopez and Herrarte, (Unit 152D), and Deputy G. Ramirez (Unit 151A), who arrived at the end of the pursuit, if they could watch the suspect while they cleaned blood off of their hands. While the Pico Rivera deputies were watching him, he tried to get off the ground several times and refused all of their order to stay down. While Deputy Lopez gave the orders to the suspect to stay down, the suspect spat at him striking him on his chest area. Deputies Herrarte and Ramirez, using control holds, grabbed the suspect and placed him face down on the ground. They were able to place a spit mask over the suspect's head while they awaited the arrival of the fire department.

### Reported Use of Force by Involved Employee(s)

Deputies completed written reports detailing their observations and actions. The contents of their reports were consistent with my observations and their verbal notifications made to me and to Lieutenant Evans regarding the force used.

### Witness Interview(s)

#### Witness [REDACTED]

I contacted [REDACTED]. He is a [REDACTED] approximately [REDACTED] from where this incident happened. He said he witnessed the end of the pursuit when deputies attempted to detain the suspect. He said he saw the suspect get out of his car and attempt to get away from deputies by walking away. He saw deputies attempt to detain the suspect and the deputies began to fight with him. At one point, they all fell on the ground and he said a deputy began to kick the suspect in the facial area. After a short time, the deputies

## Supervisor's Report on Use of Force

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were able to control him and the fight ended. He said he heard the deputies yelling at the suspect but did not say what he heard. He was just outside his business when he witnessed the incident. [REDACTED] refused to allow me to video or audio tape the interview.

#### **Witness [REDACTED]**

[REDACTED] is an employee at the [REDACTED] at the corner of Lakewood Boulevard/ Florence Avenue. She was working when she saw the suspect's vehicle crash at the end of the pursuit. She saw the suspect get out of his car and attempt to get away by running. He was tackled by deputies and they all began to fight. While he was on the ground, she saw a deputy kick him in the face while the other deputies punched him. The suspect then placed his face down and arm out to his side and gave up and deputies handcuffed him. Witness [REDACTED] did not want to be video taped. I was later able to contact her via telephone and confirmed her story on a taped telephone line. She indicated there were other witnesses to the incident but they did not want to wait around to be interviewed.

#### **Suspect Interview(s)**

**Suspect Interview(s) Conducted By:** ☒ Watch Commander ☐ Supervising Sergeant

Suspect Amos said as soon as he got out of the car he put his hands up and then laid down on the ground. He then put his hands behind his back as instructed by the deputy. At first, he told me as soon as he interlaced his fingers, a deputy began punching and kicking him in the face. Later in the interview he told me the punching and kicking occurred after he was handcuffed. He also said he never offered any resistance, did not back his car into the radio car, and did not try to get away.

#### **Medical Review**

The suspect was transported to Coast Plaza Hospital where he was treated by Doctor Mahmoud Nemazee for several small lacerations to the top of his head. One of the lacerations required one staple. He also suffered a broken nose. Doctor Nemazee said the injuries were consistent with being involved in a car accident or being involved in a fight with deputies. He was treated and released with an approval to book.

#### **Training & Tactical Review**

☒ **Debriefing held to discuss training and tactical issues.**

Based upon the above information, I found the force applied by the deputies was objectively reasonable, within Department policy, and properly reported. We discussed the risks involved with pursuits as well as other force options that might have been available such as pepper spray or a TASER. In this incident, it does not appear that there was time for the deputies to employ either of those options.

#### **Watch Commander's Review**

Suspect Amos's version of events is contradicted not only by the deputies' version of events but by witness accounts as well. According to Suspect Amos, he immediately gave up and complied with the deputies' commands. However, the deputies and witnesses reported that he tried to flee and/or fight.

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Based on the deputies' and witnesses' accounts it appears the force used to take him into custody was reasonable and in compliance with Department policies and procedures.

I recommend no further action.

**Case Status**

This case was filed with the District Attorney's office at Bellflower Superior Court who filed two counts of 243(b) PC, one count of 2800.4 CVC, one count of 2800.3(a) CVC, and one count of 10851(a) CVC against Suspect Amos (case number VA118692).